



# STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES

Public Hearing Testimony  
Human Services Committee  
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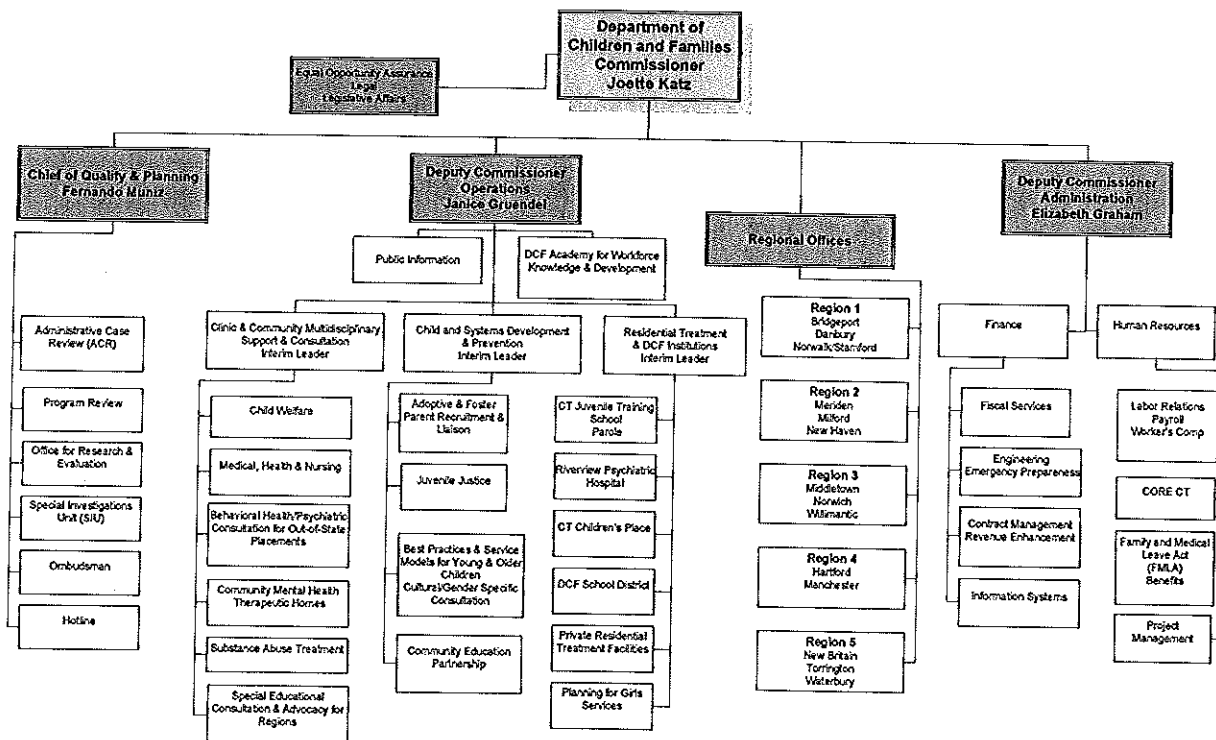
## H.B. No. 1199 (RAISED) AN ACT CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES' REGIONAL STRUCTURE, DIFFERENTIAL RESPONSE, AND POVERTY EXEMPTION.

The Department of Children and Families **strongly supports** H.B. No. 1199, An Act Concerning the Department of Children and Families' Regional Structure, Differential Response, and Poverty Exemption.

### DCF Organizational Structure

Sections 1, 3, 4, 5 and 6 of the bill, changes statutory references to reflect an organizational shift from area offices to five service delivery regions.

The organizational restructuring already has begun, including the most dramatic change involving supervision of the area offices. At the DCF Central Office, existing bureaus will be realigned over the coming months, including the elimination of the Bureau Chief job classification. Whereas previously area offices were lodged within the Bureau of Child Welfare, with multiple levels of supervision above them, the Service Area Directors now report directly to the Commissioner.



Once this new leadership structure is in place, the current Service Area Director classification will be eliminated, and individuals will be supported to relocate within or outside the Department. Because empowering families requires we empower our staff, we are strengthening the training academy to become the DCF Academy for Workforce Knowledge and Development. The enhanced Academy will expand learning opportunities for both staff and our private agency partners.

On the program side, we shortly will begin operating with three teams rather than bureaus. The Clinical and Community Support/Consultation Team will integrate subject matter expertise across health, nursing, psychiatric consultation, mental health, education, child welfare and substance abuse to support the new comprehensive system of regional services for children and families. The Child and Systems Development, and Prevention Team will bring together best practices related to child and youth development in a culturally and gender-specific manner. It also will provide (1) leadership in juvenile justice systems work, (2) foster and adoptive support, (3) new partnerships with local education agencies, and (4) expanded investments in prevention.

The DCF facilities -- the Connecticut Juvenile Training School, Riverview Hospital and the Connecticut Children's Place -- will be supervised as part of the Residential and Institutional Facilities Team. This team also will be responsible for planning related to secure girls' services and for performance contracting with our private residential treatment partners. A time-limited but detailed analysis is now underway concerning all out-of-state placements along with a review of the mission and structure of both Riverview Hospital and the Connecticut Children's Place.

Managing this change, which will be phased in over the next six months, will be complex.

A tremendous amount of good work is being done at the Department, but now is a golden opportunity to get even better at what we do. Commissioner Katz is confident that with these changes and realignments, the Department will become evermore effective in strengthening families and enhancing child well-being.

### **Regional Directors**

Section 2 of the bill establishes up to six unclassified Regional Director positions for the Department, which is a structure similar to that provided in section 17b-6 of the General Statutes for the Regional Administrators for the Department of Social Services. It is also similar to a structure that existed in the Department of Children in Youth Services from 1987 to 1993, at which time six Regional Directors and up to twelve Assistant Regional Directors, all in the unclassified service were permitted by statute.

As noted above, Commissioner Katz intends to utilize a five region structure, but the statute refers to six to reflect the statutory authority provided in section 16a-4a to the Office of Policy and Management to establish "not more than six uniform regional service delivery areas."

These positions will allow the Department to move toward a comprehensive service delivery system at the community level with higher levels of regional responsibility, authority and accountability. They will report directly to the Commissioner. Once these positions are established, five high-level Regional Directors will be selected and tasked with implementing a

more comprehensive system of services at the regional and community level. We expect these individuals will come from both inside and outside the Department, operate as a team, and be in place during September 2011.

This section also provides for the appointment of two additional positions in the unclassified service, who would oversee the new Clinical and Community Support/Consultation Team and the new Residential and Institutional Facilities Team. Interim leadership has been designated for all three teams. Quality assurance and administrative case review staff, who used to report to the Bureau of Child Welfare, will now report to Central Office in order to improve standardization, efficiency and accountability for service delivery at the regional level.

### **Differential Response**

Section 7 of the bill allows DCF to establish a Differential Response System (DRS). DRS is an approach that allows child protection agencies to differentiate their response to accepted reports of child abuse and neglect based on such factors as the type and severity of the alleged maltreatment, the number of previous reports, and the motivation and cooperation of the parent in addressing safety concerns. Integral to this approach is its multiple focuses on child safety, family engagement and community response. The process begins with a thorough exploration of a family's strengths and needs. Low risk cases where there is no current safety concern for the children will be responded to via a family assessment response. Higher risk cases and those with allegations involving child safety will continue to be responded to via a traditional investigations response. At any time, based on the social worker's ongoing assessments, an assessment case can be returned to the Child Protective Services investigative track, if appropriate.

The Department, in conjunction with Casey Family Services, has been planning for implementation of DRS for over two years. We have examined the community readiness for a Differential Response System in each of DCF's five regions and we plan to implement DRS in all five regions beginning in late 2011. The implementation of DRS will build on the implementation of the DCF Practice Model, which is already underway in regions 1 and 3 and will begin implementation in regions 2, 4 and 5 late this year.

The primary goal of DRS is to serve low risk families who come to the attention of DCF in a strengths-based, solution focused, and culturally competent manner. The process must be family-driven aimed at assessing needs, without compromising child safety. Families eligible for the Differential Response System will be those who meet statutory requirements of abuse and neglect. Differential Response System services will be provided at the family's discretion following a determination that all children in the home are safe.

Differential Response System services will best be delivered through a collaborative partnership including families, DCF, and community providers. Although initially guiding the safety and needs assessment processes, the Department's role diminishes as linkage to services and community supports aimed at addressing identified needs occurs. Cases will be handed over to the community providers as soon as possible. DCF will close cases as soon as families are deemed safe and receiving all needed services.

The Practice Model complements the strategies employed under DRS. The Practice Model, which is now in final development, will establish in daily practice for all cases handled by the Department the following principles: respect and working with families as partners; focus on the social worker as a "helping" relationship to the family; engagement of parents, extended family, kin and natural supports; and the leadership of families in the development of case plans. Other jurisdictions that have implemented these principles and practices have experienced lower rates of removals, higher use of kin/relatives as placement resources and lower rates of repeat reports for families.

Under the bill, cases the commissioner refers for community services may be transferred back to DCF for a traditional investigation if safety concerns become evident. Conversely, where a full investigation has begun, DCF can refer cases to DRS whenever the Department determines the child should be classified as lower-risk.

The bill also permits DCF to adopt regulations to establish a method for monitoring the child and family's progress while in the differential response system. The regulations may also set standards for reopening referred cases.

DCF must disclose to providers accepting referred cases all relevant information in its possession concerning the child and family, including prior child protection activity. A provider can use this otherwise-confidential information in: (1) assessing, diagnosing, and treating the family's unique needs, and (2) preventing future reports. The provider must disclose to DCF all relevant and otherwise-confidential information gathered during its assessment, diagnosis, and treatment. DCF may use the information only to monitor and assure the child's continued safety and well-being.

This bill is written as permissive language to allow implementation of the differential response program to occur within available appropriations. The Department is working on identifying internal and external resources to allow implementation of DRS to occur later this year. Ultimately, savings in direct services and/or state personnel may result should differential response programming and the use of the Practice Model successfully mitigate child abuse and neglect and divert families from the child welfare system.

#### **Poverty Exemption**

Section 8 of the bill specifically exempts poverty from the definition of "neglected" in section 46b-120 of the General Statutes. This is consistent with the goals of the differential response system and it follows the lead of other states including Arkansas, Florida, Kansas, Louisiana, Pennsylvania, New Hampshire, North Dakota, Texas, Washington, West Virginia and Wisconsin.

This language will provide additional legal rights for impoverished parents who might otherwise face child neglect allegations, court involvement, and the potential removal of their child and placement in foster care. The Department believes that this will allow for more effective use of our child protection staff and resources.

## **H.B. No. 6053 (COMM) AN ACT CONCERNING DOMESTIC VIOLENCE AND CHILD TRAUMA.**

The Department of Children and Families supports H.B. No. 6053, An Act Concerning Domestic Violence and Child Trauma.

Sections 1, 2 and 5 of the bill directly relate to DCF responsibilities and we believe that the proposed statutory revisions are appropriate to our work on domestic violence issues. This legislation builds upon the information sharing provisions contained in Public Act 10-144 which permitted the sharing of information by Family Relations Counselors to DCF and by DCF to a Superior Court Judge and all necessary parties in a family violence proceeding.

Section 1 amends subsection (d) of section 46b-38b to require a peace officer to inform the Department when they *reasonably believe* that a child in the home may be endangered. This is consistent with their existing responsibilities as mandated reporters of child abuse and neglect, but it is important to cross reference that duty in this family violence statute. The Department welcomes the opportunity to work collaboratively with law enforcement around identifying the impact on children, interviewing children and documenting that impact in police reports.

The Department suggests a minor amendment to the language, changing the reference to "section 17a-101b" on line 22 to "sections 17a-101a to 17a-101d, inclusive and section 17a-103." This is a more comprehensive cross-reference to the applicable mandated reporter statutes.

Section 2 amends section 46b-38c (c)(5)(B) to require, rather than permit, disclosure by a family relations counselor, family relations counselor trainee or family services supervisor employed by the Judicial Branch to DCF information that indicates that a defendant poses a danger or threat to a child or a parent of the child. We support this revision.

Finally, section 5 amends section 17a-3 (a) to require that new DCF social workers be trained in the prevention, identification and effects of family violence. Because this requirement is already part of our training for new social workers, as we currently devote 12 hours of pre-service training to domestic violence issues, the Department has no objection to making this a statutory requirement.

Since 2006, DCF has funded the Domestic Violence Consultation Initiative, a private-public partnership, which integrated domestic violence consultants into all area offices. The goal of the Initiative has been supporting the Department's mission to promote the safety, permanency and well-being of children by improving case practice, elevating staff competencies and addressing practice, policy and resource challenges. The Initiative was designed to shift the culture and practice of the agency to ensure the best possible response to domestic violence based on the strategies of partnerships with domestic violence survivors; meeting the needs of children; and interventions with perpetrators. A Statewide Service Administrator has provided leadership and coordination to the Initiative, and policy and practice consultation to the Department's managers.

Beyond providing case specific consultation, the Domestic Violence Consultants provide formal and informal training and coaching for DCF staff and their community partners. The

consultants are trained to utilize home visits and other interactions with social workers to teach about the dynamics of domestic violence, the *Safe and Together* model and a wide range of skills including interviewing perpetrators, safety planning with adult and children survivors, case planning and documentation. In addition the Consultants work with their area social work managers and supervisors to identify training needs and to deliver training. For example, some of the consultants provide on-going in-office trainings for training units to supplement the formal training they receive at the Training Academy. Training for DCF partners has included presentations to domestic violence providers, child serving agencies and others. These trainings often focus on the skills associated with the *Safe and Together* model and how to work more collaboratively with the Department on cases involving domestic violence.

In 2010, our Domestic Violence Consultants provided 7,190 consultation activities, and conducted 36 trainings reaching over 400 people (DCF staff and outside partners). The Domestic Violence Consultants also play a critical role in the development and delivery of statewide trainings, including the initial and on-going training of the domestic violence investigations protocol and the two days of domestic violence pre-service training.